

**BEST AVAILABLE COPY**

<b>CLAIMS ONLY</b>						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		# IND.	# DEP.	# IND.	# DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	/ -					51				
2	/ -					52				
3	/ -					53				
4	/ -					54				
5	/ -					55				
6	/ -					56				
7	/ -					57				
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41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.	6					TOTAL IND.				
TOTAL DEP.	17					TOTAL DEP.				
TOTAL CLAIMS	23					TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS